



Approved for use through 04/30/2003. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Potential fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT	(\$)	690
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Complete if Known

Application Number	09/700,530
Filing Date	02/09/2001
First Named Inventor	Willy SAGEFALK
Examiner Name	GENCO, BRIAN C
Group Art Unit	2615
Attorney Docket No.	STGUP008

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	50-1338
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Deposit Account Name	IP Creators
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- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☒ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	
1002	330	2002	185	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)	(\$)	0
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2. EXTRA CLAIM FEES

		Extra Claims		Fee from below	Fee Paid
Total Claims	<input type="text"/>	-20 =	<input type="text" value="-20"/>	x <input type="text"/>	= \$0
Independent Claims	<input type="text"/>	-3 =	<input type="text" value="-3"/>	x \$100	= \$0
Multiple Dependent					= \$0

Large Entity Fee Code	Small Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)	(\$)	0
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FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Small Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1051	130	2051 65	Surcharge - late filing fee or oath	\$0
1052	50	2052 25	Surcharge - late provisional filing fee or cover sheet	\$0
1053	130	1053 130	Non-English specification	\$0
1812	2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination	\$0
1804	920*	1804 920*	Requesting publication of SIR prior to Examiner action	\$0
1805	1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	\$0
1251	110	2251 55	Extension for reply within first month	\$0
1252	410	2252 205	Extension for reply within second month	\$0
1253	930	2253 465	Extension for reply within third month	\$510
1254	1,450	2254 725	Extension for reply within fourth month	\$0
1255	1,970	2255 985	Extension for reply within fifth month	\$0
1401	320	2401 160	Notice of Appeal	\$0
1402	320	2402 160	Filing a brief in support of an appeal	\$0
1403	280	2403 140	Request for oral hearing	\$0
1451	1,510	1451 1,510	Petition to institute a public use proceeding	\$0
1452	110	2452 55	Petition to revive - unavoidable	\$0
1453	1,300	2453 650	Petition to revive - unintentional	\$0
1501	1,300	2501 650	Utility issue fee (or release)	\$0
1502	470	2502 235	Design issue fee	\$0
1503	630	2503 315	Plant issue fee	\$0
1504	300		Publication Fee	\$0
1807	50	1807 50	Processing fee under 37 CFR 1.17(q)	\$0
1806	180	1806 180	Submission of Information Disclosure Stmt	\$180
8021	40	8021 40	Recording each patent assignment per property (times number of properties)	\$0
1809	750	2809 375	Filing a submission after final rejection (37 CFR § 1.129(a))	\$0
1810	750	2810 375	For each additional invention to be examined (37 CFR § 1.129(b))	\$0
1801	750	2801 375	Request for Continued Examination (RCE)	\$0
1802	900	1802 900	Request for expedited examination of a design application	\$0
Other fee (specify)			10 Printed copies of Patent @ \$3.00	\$0

* Reduced by Basic Filing Fee Paid	SUBTOTAL (3)	(\$)	690
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*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Name (Print/Type)	Charles C. Cary
Signature	

Complete (if applicable)

Telephone	(408) 850-9585
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Date June 1, 2005

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**

06/13/2005 PZIMM 00000
01 FC:1201 200.00

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/700530

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	3 minus 20 =	
INDEPENDENT CLAIMS	2 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	7	Minus 20	=
Independent	4	Minus 3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE		OR	BASIC FEE	1000
XS 9=		OR	XS18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	1000

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X40=		OR	X80=	500.00
+135=		OR	+270=	
TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	

RATE	ADDITIONAL FEE
XS 9=	
X40=	
+135=	
TOTAL ADDIT FEE	

RATE	ADDITIONAL FEE
XS18=	
X80=	
+270=	
TOTAL ADDIT FEE	

RATE	ADDITIONAL FEE
XS 9=	
X40=	
+135=	
TOTAL ADDIT FEE	

RATE	ADDITIONAL FEE
XS18=	
X80=	
+270=	
TOTAL ADDIT FEE	

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